DOCUMENT RESUME

ED 036 960 EC 005 392

AUTHOR	Pattullo, Ann
TITLE	Puberty in the Girl Who is Retarded.
INSTITUTION	National Association for Retarded Children, New York, N.Y.
PUB DATE	69
NOTE	43p.
AVAILABLE FROM	National Association for Retarded Children, 420 Lexington Avenue, New York, New York 10017 ($1.00)
EDRS PRICE	EDRS Price MF-$0.25 HC-$2.25
DESCRIPTORS	Adolescence, Contraception, Dating (Social), Educable Mentally Handicapped, Ethical Instruction, *Exceptional Child Education, *Females, Hygiene, Marriage, *Mentally Handicapped, *Parent Education, Self Care Skills, *Sex Education, Sexuality, Social Development

ABSTRACT

Designed to help mothers of mentally retarded girls deal with the problems and concerns of puberty, the booklet provides information on physical and emotional changes, menstruation, masturbation, heterosexual behavior, contraception, protection against sexual aggression, the possibilities of marriage, and additional sources of information. Instruction in menstrual hygiene is presented with diagrams illustrating correct methods of self care during menstruation. Simplified definitions of words for sexual organs and functions are listed. (RD)

ED 036960

PUBERTY IN THE GIRL WHO IS RETARDED

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A booklet designed to help mothers of mentally retarded girls cope with some of the problems puberty presents.

by Ann Pattullo

National Association for Retarded Children
New York, N. Y.

About the author . . .

Ann Pattullo is a nursing consultant to Child Study Services in Washington. She is employed in this capacity by the Washington State Health Department and by the Child Development and Mental Retardation Center at the University of Washington in Seattle.

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Mrs. Pattullo's primary research interest since 1965 has been in the area of puberty in the girl who is mentally retarded.

I am indebted to the many retarded girls and their mothers who have shared their experiences with me; and to the mothers, nurses, psychologists, pediatricians, gynecologists, social workers, and teachers who reviewed the various drafts of this publication and made suggestions.

Ann Pattullo

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OFFICE OF EDUCATION

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Library of Congress
Catalog Card Number 78-104665

ED0 36960

Puberty in the girl who is Retarded

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Cover design and illustrations by Neal Adams, New York.

published by

19 69

National Association for Retarded Children

420 Lexington Avenue, New York, N.Y. 10017

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A Letter Of Introduction

Dear Mother,

This booklet is an attempt to deal with some of the questions and concerns you may have when your daughter's maturing body tells you she will soon be menstruating. If you are concerned about how to prepare her so that she will be able to take care of her flow and will accept menstruation as a normal body function, then perhaps this information learned from experiences with maturing retarded girls and their mothers will be of some help. At this time, also, you know that the changes you see are indicators that her body is developing the capacity to reproduce. You have been helping her to learn since infancy, and in this new phase of her life she needs your continued help so that she can learn the behaviors which are socially acceptable in a young lady. The explanation you give to help her to understand why she should behave in this way will depend on how much she can comprehend.

The most important thing to remember is that *you daughter is an individual.* Just as no one statement could be true of all of us, *no one descriptive statement in this booklet will be true of all retarded girls in puberty, nor will all the suggestions offered be appropriate for you and your daughter.*

Perhaps of equal importance is for you to remember that your daughter learns from your actions as well as your words. She learns as much, or more, from what she sees you doing, as she does from what you tell her. It will be extremely distressing and difficult for her if the messages she sees and the messages she hears are not the same. To teach her that menstruation is a normal physiological function, you must be calm and accepting yourself. Her standards of behavior will be strongly influenced by those she sees practiced within your family.

Sincerely,

Ann Pattullo

Ann Pattullo, R.N., M.N.

Questions Often Asked and Some Answers

What Is Happening?

This is a time of tremendous change, both physical and mental. Some of the changes are obvious, and some not so apparent from the outside.

Physical changes you can see in your daughter

The earliest apparent change is the beginning of **breast budding** with a slight swelling of the areola or the circle around the nipple. Breast budding may develop a little earlier on one side than on the other. Later this swelling will become a small mound shape which includes tissue around the areola and is due to the formation of mammary tissue and the deposit of fat.

There are changes in **shape** in areas other than the breasts. Fat accumulates over hips and thighs.

There is rapid increase in **growth,** which seems to induce a constant state of hunger, frequent tiredness, and a new clumsiness in your daughter's movements. The unexpected new dimensions of her rapidly-growing limbs require practice and use before she is able to carry out her intentions to lift a glass gracefully or sit without a thump!

Initially, **pubic hair** makes its appearance looking long, sparse, downy, and pale. Later, the pubic hair becomes more curly, pigmented, and coarse, and spreads over a larger area. Hair then appears in the armpits and on other areas of the body.

During the growth spurt, sweat glands produce fluid in the armpits which is acted upon by the bacteria normally found on the skin, and a characteristic **underarm odor** results.

During puberty your daughter will very likely have a whitish

vaginal discharge called **leukorrhea.** It varies in amount, and characteristically does not produce an odor nor get very colored.

Physical changes you can't see

There are growth changes in her internal organs, including the organs of reproduction which enlarge as the reproductive system matures. The eggs or ova which were partly developed before her birth now complete their cycle, one at a time, about once a month. Unfertilized ova are discarded with other products of the menstrual flow. Early in reproductive development, for as long as two years, the menstrual cycle is often irregular and it is likely that ovulation and fertility do not reach full potential until later.

Emotional changes in puberty

All the changes described in the previous section result in changes in your daughter's feelings. Remember your self-consciousness when your breasts first budded, your mixture of pride and fright when you saw your first menstrual flow, your shocked disbelief when an older girl told you how your parents conceived you, and the bewildering excitement when you felt the first stirrings of an awakening reproductive system? These experiences **varied** for each of us according to how much we knew about what was going on, how appropriately new knowledge about ourselves was presented to us, when we were told the things we had to know, and how comfortable our parents were when talking about sex with us. The feelings your daughter has during these times will also be dependent upon these factors within her and the way she is helped to handle the changes.

If you have other teenage daughters, you might be aware that some of the behaviors you see in your retarded daughter have occurred in your other daughters: giggling in the presence of boys, increased awareness of boys, and the hypnotic attachment to a transistor radio. The moderately and minimally retarded girls experience the same gradual body responses to the hormone changes of puberty as normal girls do, so an interest in the opposite sex is more likely to occur if the degree of handicap is not too great. The more severely retarded girl, whose awareness of most situations is reduced, may show a passing interest in boys, or none at all.

When Will My Daughter Menstruate?

Just as with the girls who have no handicap, there is a wide range in the age of beginning menstruation for retarded girls. Most frequently menstruation begins between the ages of nine and sixteen, but occurrence outside this range is possible. Your own daughter's development will give you some clues about when to expect her first menstrual period. Breast budding signals the beginning of the growth spurt, and it is usually within two years after breast buds appear that menstruation will occur.

How Will Menstruation Affect My Daughter?

In many ways your daughter's experiences will be like those of non-handicapped girls. Among the girls who are retarded there is as wide a range of experiences as there is among the girls who are not handicapped. Usually, there is a twenty-eight to thirty-five day cycle with the menstrual period lasting four to five days. Individual patterns may develop which are not this regular or this frequent. Your daughter may be irritable and tired for a day or two before her menstrual period begins, and may have headache or cramping after the flow starts.

Among a minority of retarded girls, seizures have been present since infancy or childhood. For these girls, there occasionally occurs a change in the pattern of seizure activity during the period of rapid growth and other changes in the body. There might be an increase in the frequency of seizures at this time. Sometimes there is an increase in seizure activity for a week or so before each menstrual period. In some cases, seizures decrease in frequency or disappear following puberty.

The big difference between your daughter and non-handicapped girls is in her ability to learn to cope with her menstrual period, both in terms of accepting it as normal and in managing menstrual hygiene independently.

How Can I Help My Daughter?

At this time your daughter needs help from you in four major areas: careful health supervision, understanding of the effects of the changes taking place, teaching of the appropriate behaviors when in the company of males, and teaching menstrual grooming and hygiene.

The need for good health supervision cannot be stressed too much; she needs proper rest and diet to meet the demands of her rapidly growing body. Medical supervision by her physician will often provide supportive advice and reassurance, particularly if your daughter's menstrual flow seems unusually heavy or lengthy or causes a great deal of discomfort.

If she is irritable for a time before her menstrual period, you may need to decrease your expectations of her at this time. Her physician may also be able to help by prescribing a medication which reduces tension, if this is distressing to her, or by prescribing medication which reduces pre-menstrual fluid accumulation, if this is a problem.

Your appreciation of the fact that your daughter has sexual feelings, which may be aroused, will help you to recognize the need to control potential sources of sexual stimulation which may result from sight or touch. Some potential sources of sexual stimulation to avoid would include nudity among family members, close physical contact in unsupervised situations, and liberal sleeping arrangements. Although your daughter has the feelings of a woman, she does not have the ability to make mature judgments about the appropriate behaviors in a sexually-stimulating situation.

An approach to teaching menstrual grooming is outlined in detail a little later in this booklet. General hygiene teaching should include daily bathing of the armpits and the use of a deodorant. Daily washing of the perineum, (the area between the legs), will help prevent an odor from developing, particularly if leukorrhea is heavy.

What Sexual Behavior Might I Expect?

In puberty, your daughter may still be learning about her body in the manner of the young child, through touching and feeling. She may learn that touching her genitals produces a feeling that is pleasurable, and so she may continue to do this, or, in an effort to learn about the pleasant tingling which occurs in puberty, she may touch her genitals. The beginning stimulation may be entirely from within her body, a normal response to the new hormone activity which occurs in puberty.

A normal adolescent learns the limits of our culture regarding genital activity, so that such behavior, if it occurs, is kept private. Your daughter needs your help to recognize this fact since she cannot make the proper judgment by herself. If you see her touching her genitals openly, what you do about it will be determined by your attitude which has been built up within you over the years and through your own experiences. You may ignore it, or casually provide an alternative activity without referring to her activity. If you handle the incident in this way, the behavior may not assume any great importance for her and may not occur again. If you appear shocked and very upset your response may make the whole activity a lot more important and perhaps more appealing than it would be, otherwise. However, since genital stimulation is accompanied by pleasurable sensations, it may continue in spite of your response to it.

Masturbation

The activity may develop from a brief touching of the genitals to the form of self-stimulation which is called masturbation.

In masturbation, rhythmic pressure is applied to the genitals either through handling or through movement of thigh muscles. This rythmic pressure is maintained until orgasm results. If you see your daughter masturbating, you must help her to know that this is a private activity. You will have to tell her that if she wants to touch and feel herself, she must do this only in the bathroom or in her bedroom. To make certain that this lesson is well learned, you must send her to her room with this explanation each time you see her masturbating. If she masturbates in privacy, she has learned the socially appropriate way of handling these feelings, just as the normal girl who masturbates has.

Masturbation is now accepted as a normal phase in developing sexuality. In contrast to the thinking that prevailed formerly, we know that it does not cause any harmful physical effects, provided it is not practiced to the degree that it causes an irritation in the genital area. Masturbation does not cause any mental or emotional difficulties if the practice is not accompanied by feelings of guilt.

Look for the Cause

If you observe frequent masturbation, you should consider several factors as possible causes or predisposing conditions. It may be related to boredom, irritation or anxiety.

The girl who does not have suitable alternative activities may use the self-stimulatory behavior of masturbation to relieve her boredom. Providing activities which occupy her and produce some satisfaction may reduce the frequency of self-stimulation.

Irritants in the genital area may result from a lack of cleanliness or from urinary tract or vaginal infection. Some people believe that irritation is produced by tightly fitting clothes or bulky pads. If infection is suspected, your daughter's physician can determine if this is causing the activity. Clues that a physician should be consulted include redness in the genital area, a highly colored or odorous discharge, itching, or increased urination with discomfort.

Some girls use masturbation as a means of handling tension. If this activity increases in frequency, try to see what changes have occurred in her daily routine that may be causing her to

feel anxious or stressed. Are there, perhaps. expectations being communicated to her which she feels unable to fulfill? Is she responding to stimulation which to us may not cause sexual arousal or tension, such as sounds we might be less aware of, but which may be creating tension in her? Discussing anxiety or tension with her physician may help you to determine other possible causes for it.

What About Heterosexual Behavior?

Friends of both sexes, and activities with both boys and girls, can be an important source of happiness and learning for your daughter, as with all adolescents. For the retarded girl, the benefits to be derived from boy-girl relationships can be great if they occur in supervised group activities. How she adapts to these social activities will also help you and your husband to determine whether or not marriage is a suitable goal for her.

What to do about your daughter's sexual behavior should be a decision involving both you and your husband. Both of you have feelings about her sexuality, attitudes about marriage for your daughter, and, perhaps, religious convictions which will influence your decision about how to handle sexual behavior in your daughter. This applies whether you are trying to control masturbation, dating, or pregnancy.

Throughout your daughter's lifetime you and your family have been providing opportunities for her to learn how to live as a responsible social being. At the same time you have been evaluating her ability to achieve the various tasks which contribute to this goal. The early tasks were related to making her independent in the activities of daily living, such as feeding, toileting, bathing and dressing. You also provided for her to learn how to play

and work with others, how to accept limits and to consider other people's rights and feelings. She may have learned to help with household chores and may be able to perform other activities which make her a responsible, contributing person in your home and community.

During this new phase of her life, she needs your continued help and understanding so that she will know that with experience she has a better chance to overcome the awkwardness that occurs in early boy-girl relationships.

Mixed Group Activities Helpful

Long before she is dating or you are facing the decision about her marriage, she will benefit from involvement in mixed group activities such as social functions connected with her school, church, the local chapter of the National Association for Retarded Children, summer camps, and neighborhood picnics and parties. Whenever you can, observe how she acted and ask her how she felt about what happened. You may recall that you had similar feelings during your own adolescence, and through time, experience, and guidance, you gained skill and confidence in your ability to relate appropriately to the opposite sex.

You may have some fears about your daughter's capability in mixed social situations. Because you cannot be sure of what she will do, you might be denying her the opportunity to develop responsible social skills and to obtain the resulting satisfactions. Through your observations and discussions with her you may learn that many of your fears were unfounded; that activities you anticipated never materialized.

Over time you will be making some judgments and coming to some conclusions about her ability to learn to become comfortable and relatively adept in relating appropriately to boys and men. Many physicians, social workers, nurses, and psychologists are aware of your concerns and are willing to help you work out approaches which are in your daughter's best interests. The less handicapped your daughter is, the more likely it will be that she will want to develop a close relationship with a particular male. Such a relationship may lead to unsupervised dating. If you permit your daughter to date, it must be with full realization that she is less capable than a normal girl of considering all the impli-

cations of becoming involved in sexually-arousing activities.

Remember, though, that your daughter is an individual. She has had the unique experience of being a member of your family, and has been influenced by your values and ways of behaving. You can learn how responsibly she can behave, and what kinds of situations she has to face while dating if you talk with her to find out what goes on, and if you observe her. If she tells you about necking or petting situations, talk with her frankly about the feelings which were aroused in her and in her date. At this point she needs to know what an erection is, and what the natural course of remaining in such a situation is. As mentioned before, long before this time you have arrived at some judgments about how capable she is in relating with men, and what rules of behavior stay with her. When she begins to date it is most crucial that you make use of the confidence and trust of the mother-daughter relationship to help her to understand why she becomes aroused, why her date becomes aroused, and what this means for both of them. Without this kind of understanding, it is more likely that conception and pregnancy will result from unsupervised dating. If you cannot feel comfortable about how she will handle herself, precautions can be taken.

If you do permit her to be alone with a boy, but you don't want your daughter to become pregnant, your physician can help you to determine how to prevent a pregnancy. There are several ways to do this. The I.U.D. or **intrauterine device** is a small coil-shaped piece of pliable plastic. It is inserted directly into the body of the uterus under sterile conditions in the doctor's office. It controls pregnancy by preventing the cells, which have grown from the union of the male sperm and the female egg, from attaching to the nourishing lining of the uterus. Because the cells, which could become a baby, receive no nourishment, they do not grow and so menstruation occurs. This method is more successful after a woman has had a child, and is less reliable if there has never been a pregnancy before because the intrauterine device is more frequently expelled by a uterus which has never been pregnant.

What About "the Pill?"

Another method of contraception is **the pill**. The pill is the most reliable form of contraception presently available, except for

permanent methods of hysterectomy and sterilization. Hysterectomy is performed only if there is a disease in the uterus. Tubal **sterilization** requires that certain medical-legal procedures be followed. Further information regarding sterilization can be obtained by writing to the Association for Voluntary Sterilization, Inc., 14 West 40th Street, New York, N.Y. 10018. There are several kinds of pills or medications for oral contraception and all must be prescribed by a physician. The pill acts by preventing the release of the egg from the ovary. Frequently, when a woman is taking oral contraception or the pill, her menstrual cycle is more regular and her flow changes in amount or duration. Another benefit for which the pill may be prescribed is the effect of reducing menstrual pain or tension. Your daughter's physician will tell you how the pills are taken. It is important that the pills be taken according to the prescribed schedule. This may be **too** important to leave up to your daughter, so you must be responsible for seeing that she takes the pill on schedule. Other side effects which may occur with the pill include weight gain, mild nausea, and, rarely, some spotting between menstrual periods.

Other Types Of Contraceptives

At this time another method of contraception is being investigated. The method under study provides long-term, but not permanent, sterility. A hormone preparation is injected and slowly absorbed over a period of three months, preventing conception for that length of time. Since no serious side effects have been observed in the investigation, other than menstrual irregularity, this method may be available to the general public within a short period of time. Your physician will be able to tell you about its availability.

Know when your daughter is menstruating; help her to keep track of her periods on the calendar, watch the bathroom waste basket, observe when the pad supply is being used, talk with your daughter. If a period is missed, it may be normal or it may be a pregnancy. An examination of the cervix by the physician two or three weeks after the missed period will show if the softening which occurs early in pregnancy is evident. The physician may

choose to do a urine test which does not require an internal examination but does tell if conception has occurred. If pregnancy does occur, your physician can help you decide what is safest for your daughter and best for you. Abortion laws are presently undergoing change. You can find out from your physician or gynecologist whether abortion is available if your daughter does become pregnant.

Should My Daughter Marry?

Your daughter's marriage would fulfill an expectation held for normal adults in our population and would answer your concerns about what will happen to her when you aren't here to provide for her any more. But, before you encourage your daughter to expect to marry, you would do well to look at what a marriage involves, and realistically assess your daughter's ability to assume the responsibilities which help to make a lasting marriage.

As mentioned in the previous section, your judgments about her independence and social skills have been accumulating throughout her lifetime.

You may decide that for your daughter marriage is not a suitable goal. You may have come to the conclusion that she is unable to assume the degree of independence and responsibility that marriage requires. This is more likely if she is severely retarded and requires fairly constant supervision. She may not even be interested in marriage as it is in real life, and may talk of it as if it is a game to be enjoyed and abandoned at will. If she appears interested in boys at all, it may be a manifestation of her general interest in seeking affection and contact with others. The severely retarded girl generally is not capable of providing the care an infant needs, although she may be capable of becoming pregnant.

The less handicapped girl may be capable of a successful marriage, particularly if she is given training in home management and social skills. The more complex needs of an infant

may, however, be more than she is prepared to meet, and an otherwise happy marital adjustment may be upset by the pressures of child rearing responsibilities.

It follows, therefore, that birth control knowledge before marriage is essential for several reasons in addition to the one previously stated. Since child rearing adds stress to the marriage which the couple may not be able to handle, the emotional climate in the home will have its' effect on the mental and emotional development of children. There is also the possibility that hereditary influences may produce retarded offspring. Genetic counseling by a physician will help you to decide whether this should be a concern.

There are alternatives to full time responsibility for child rearing. Your daughter might derive pleasure from becoming involved in helping with the care of others' children, such as in a nursery group situation.

How Do I Teach My Daughter What She Needs To Know In Puberty?

You have been teaching your daughter what it is to be a woman since she first became aware of the softness and gentleness of your femininity. You are her first and most important model, and many of the attitudes she develops toward menstruation and her sexuality will reflect the attitudes of you and your family, whether they are spoken or not. If some of the bewilderments described earlier, in the section on **Emotional Changes in Puberty**, were unfamiliar to you, then chances are you learned what to expect from your body and from your relationships with others from parents who taught you to be comfortable with your femininity by providing a good example from your earliest childhood. Ideally, sex education does not become an issue at puberty, but

has been occurring throughout the lifetime of the child. When questions begin to come, they are answered honestly, within the scope of the child's interest and ability to understand. The answers are specific to the questions, and examples are provided in concrete or visible ways. It is often useful to try to learn what the child thinks the answers to her questions are, for there may be some fantasy interfering with her ability to understand. The three year old who asks where babies come from is satisfied to know that the baby grows in her mother's uterus. It is usually much later that she wants to know how the baby got there in the first place.

It is quite possible that your daughter has heard some version of part or all of the reproductive process from friends or neighborhood children. It is even more possible that what she has heard was not expressed in medical language nor close to the truth. In order to clarify misconceptions, it becomes necessary for you to learn what her words are for organs and functions. Ask her if she has heard any other words for the vagina, the penis, menstruation, and intercourse. She can learn the correct medical words, but she will need your help to make the appropriate substitutions. The definitions at the end of the booklet may be helpful in this regard. If she demonstrates embarrassment by withdrawing her attention, tell her that you understand that sometimes, when people don't know what is the truth, they hear and tell stories that they think are secret and shameful. Let her know that you want her to know what is right and that you want to answer her questions. If you are not anxious or embarrassed in the telling, your daughter's anxiety and embarrassment will disappear. Tell her also that it is best if she talks about menstruation and having babies only with you, that this is a private matter for you two women.

Answer Her Questions Wisely

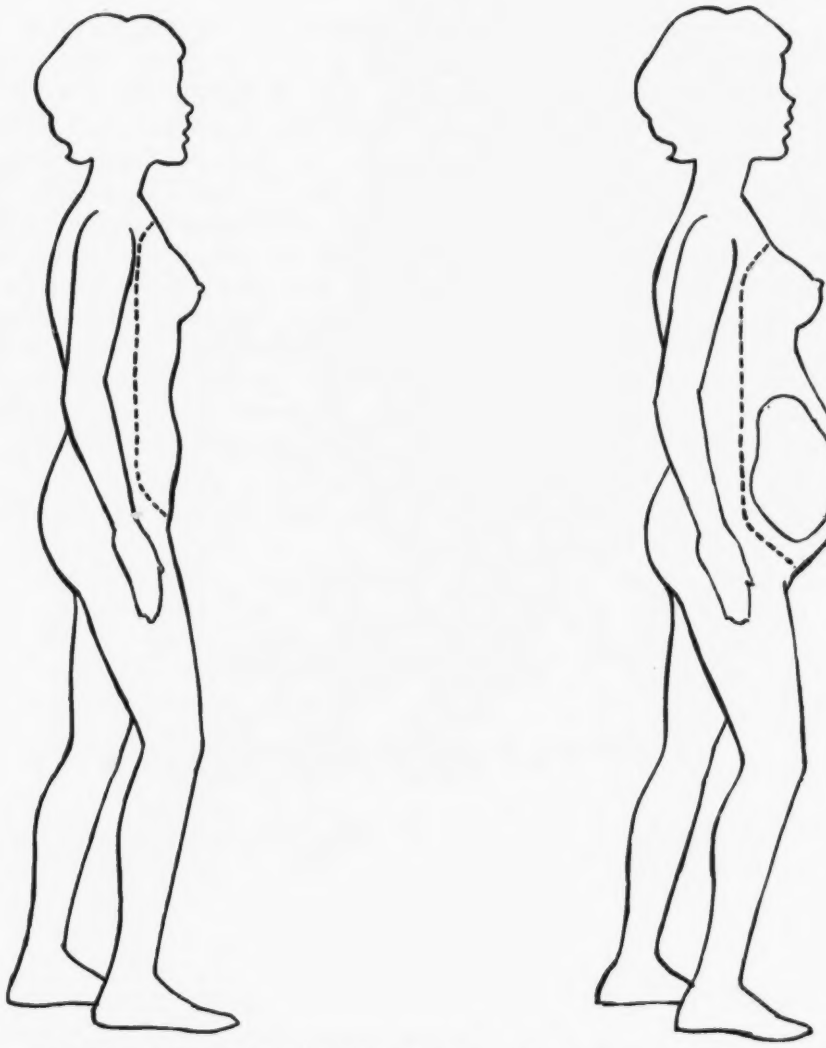
Your daughter's questions will be an index of her awareness and interest in menstrual physiology and conception. If she asks how babies get into their mothers, she is ready to hear that a man and a woman together make a baby. It is an easy misconception for her to believe that only married people have babies, so it will help her understanding if you tell her that when a girl begins to menstruate, this is a sign that her body has the food for a baby to

grow inside **but** that looking after a baby is such a big job that two people are needed, a mother to care for the baby and a father to work so he can buy food and a home for the mother and the baby. You can tell her about the vagina, the passage to the uterus, and the entry of the penis which leaves the father's half of the tiny beginning of a baby. If she is still interested, but confused, you might demonstrate the entry and deposit by holding a small piece of string between your index and middle fingers and putting it into the opened fist of your other hand and dropping it on the other side. Tell her that the father's sperm then swims up to the mother's ovum and the two together grow into a baby.

Another Way Of Illustrating

Another way to illustrate this is to use a coat that has a lining, a cotton ball, a piece of string, and a small doll. The coat is laid out flat with the lining facing up and the collar near you. The coat and lining is then shaped like a pear using the portion which is near the hem. The cotton ball is inserted from the top of the pear shape. Describe what happens if there is no sperm in the uterus by pulling down on the lining which encloses the egg. This is what happens at the time of menstruation. The lining and egg are discharged and the uterus remains. Next show your daughter how conception occurs by reshaping the lining. Again, insert the cotton ball through the top portion of the uterus shape. Then insert the string through the narrower part at the bottom. The string is then laid around the cotton ball, and you explain that this ball and string shows how the sperm and egg get together to make the beginning of a baby. The doll is then laid over the ball to help her to visualize this. The coat and lining are then made larger to show how the uterus gets larger as the baby grows within it. A larger doll is substituted and the girl is told that after nine months the baby is ready to be born. This is demonstrated by removing the doll through the cervix portion of the uterus. The uterus is then reshaped to a smaller size.

You might choose to use a book in helping your daughter to understand the facts of conception and birth. **How Babies Are Made** is a **TIME-LIFE** Book written by Andrew C. Andry and Steven Schepp and illustrated by Blake Hampton, in which the story of sex is clearly and simply presented. The book will be most helpful if you look at it together.



Another visual way to demonstrate the changes in body proportions that occur in pregnancy is to use the plastic assembly kit of a female model called **The Visible Woman.** It is available in toy departments and is manufactured by Renwal of Mineola, New York. The kit contains interchangeable pregnant and non-pregnant organs of reproduction and breast and abdomen plates. The pregnant uterus includes a model of a seven month fetus.

Some mothers find that their retarded daughters are able to accept menstruation as a normal body function when they have seen that other women menstruate. These mothers, who are comfortable in doing so, permit their retarded daughters to observe them at menstrual grooming. To maintain the sense of privacy of this function the door of the bathroom is kept closed. Not all mothers would be comfortable teaching in this way. If you are not, then serving as a model yourself would not be helpful. Alternative methods are available. Frequently, a school for handicapped children has classes in which grooming is taught. Perhaps your daughter's teacher would be willing to have her class learn how to attach a pad to a belt in the same way they learn how to shampoo and set their hair or clean and file their fingernails. In this way your daughter could learn that all women use hair and finger grooming materials, and materials which provide for menstrual sanitation. Be certain to tell her that you and her sisters also menstruate.

How Do I Protect My Daughter From Sexual Aggression?

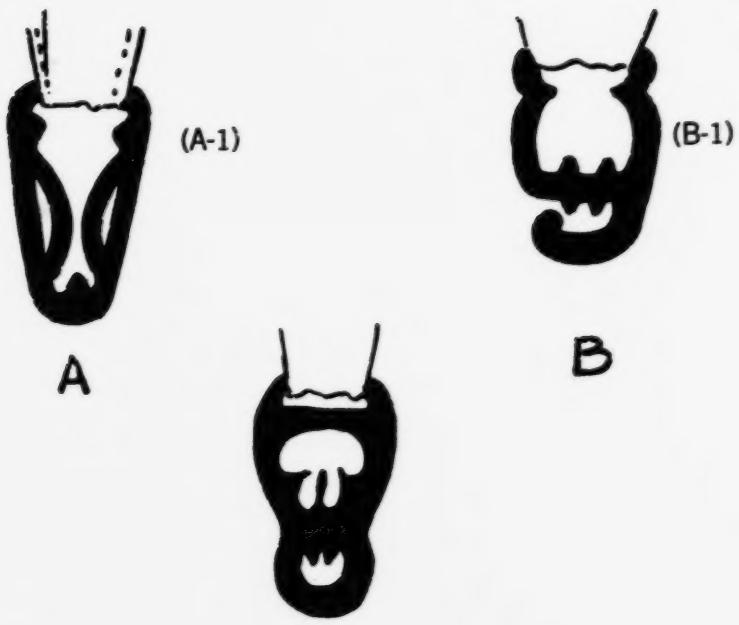
Here again you must be guided by what you see your daughter doing when she is with a boy or man, and by what she is able to understand. The more handicapped she is, the more supervision she will require, and the more specific your instructions must be. Remember, your daughter may not be able to make appropriate judgments in new situations so she will have to depend on rules she has learned. She will learn the rules better if they are practiced by all females in your family. The rules must be clear, explicit and consistent, most especially for the more severely retarded girl:

Dresses are kept down, not lifted so that legs and panties show. Buttons are kept fastened. When sitting, the knees are kept together. The bathroom and bedroom doors are kept closed during dressing and undressing. When bathing, the bathroom door is kept closed and if something is required such as a forgotten towel or soap, mother or sister is called, not father, brother, or uncle. A young lady does not throw her arms around male strangers or friends. If touch is desired, a handshake is substituted. If anyone tries to lift her skirt or touch her under her skirt, she must tell mother or teacher immediately. She gets into a car only with mother's or father's permission. At a picnic or on a playground, she doesn't wander away from the group with a boy. Wandering around the house half-dressed with bra, panties, or breasts exposed is not permitted.

In addition to these rules, and more like them, it will be necessary for you to be certain your daughter's clothing is not too tight and revealing. It may also be necessary for you to maintain close supervision of your daughter so that she is not alone for any length of time. If she gets home from school before you come home from work, make certain someone you trust is supervising her activity. If she has to wait for the school bus, have her wait where you or a neighbor can observe her.

Can My Daughter Learn To Care For Herself?

Your daughter has to learn this task in the way she learned other grooming tasks, slowly and with a great deal of **structured guidance** from you. This means that attention must be paid to the conditions of learning and that each action in putting on a pad and removing it must be broken down into small, specific steps. It might be helpful for you to look at what materials and movements are involved as if you are seeing them for the first time.



Selection of the materials

Select materials which are easy for her to handle and comfortable to wear. Sometimes trials with different pads and fasteners will reveal types which work best for your daughter. Some girls prefer the solid nylon hook (A) because for them it is more comfortable than a metal hook. For girls who have many involuntary motions of the hands, the fasteners with larger holes (A) (B) can be managed when a fastener with smaller holes (C) cannot. If the hook slips around so that she has difficulty holding it still, it will help to use belts which have the hooks stitched in so that the hooks are firmly attached (A-1) (B-1), or you might choose to do this to a belt yourself.

A belt which can be adjusted to fit increases comfort. For those who need additional clues to help them, the pads which are more pointed on one end help the girl to determine which end goes toward the back.

Preparation of the environment

Prepare the bathroom so that your daughter can learn in there. If she learns to change her pad and wrap it for disposal in the bathroom, it will be easier for her to remember that this is an activity which is performed in the bathroom, even when she is away from home.

Have the necessary materials in a location which is accessible to your daughter and permanent. Keep the pads in a drawer or cupboard she can reach and avoid moving the supply of pads from the location she knows. Have a waste can in the bathroom so that she can learn to wrap and dispose of her used pads in there instead of flushing them away or carrying them out of the bathroom. Remember, if you use paper bags for disposal at home, they may not be available elsewhere. Your daughter needs to learn how to wrap a pad.

Breaking down the task of menstrual hygiene

So that you might see which specific parts of the task may present difficulty to your daughter, it may be helpful for you to put on and remove a pad according to the directions which follow in the next section. Doing this yourself, privately, will help you to become aware of the detailed motions which are involved, and you will be able to pick out significant clues in looking and touching which will help you teach your daughter the correct sequence of movements. The more clues you can point out in the materials, the easier learning the task becomes for your daughter. But you must help her to recognize these clues, for she tends not to notice significant details.

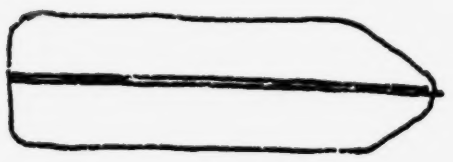
Putting on the pad

Begin by washing your hands. It is desirable if the top of the pad which goes next to the perineum is kept as clean as possible. Touching this part of the pad may be unavoidable if your daughter has involuntary movements of the fingers or if she needs to

feel the pad for the additional help the clues of touch give to her.

Sit down and draw the belt up over your knees with the tab fasteners centered between your legs. Remove a pad from the box while holding the pad by the tip. Check to see which side of the pad takes in moisture. The side which does **not** absorb moisture usually has a stripe or is colored.

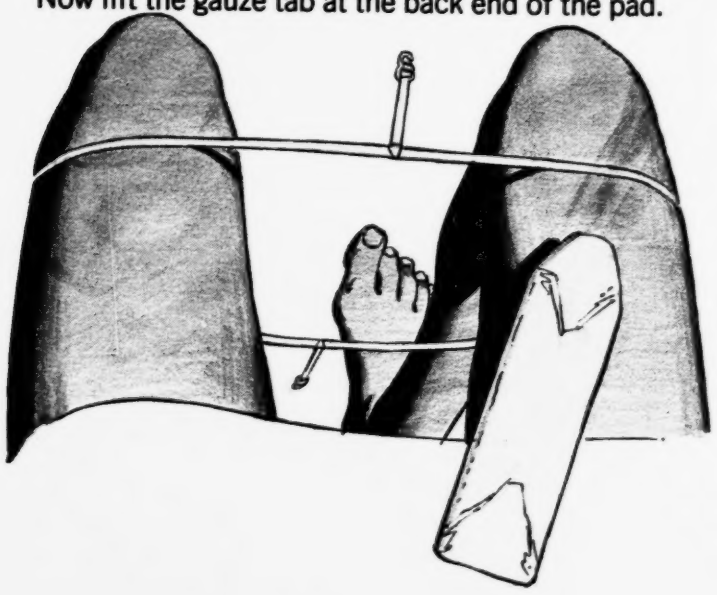
The top or absorbable side may have the tabs folded over on it. This plain white side goes next to the skin after it is fastened at both ends.



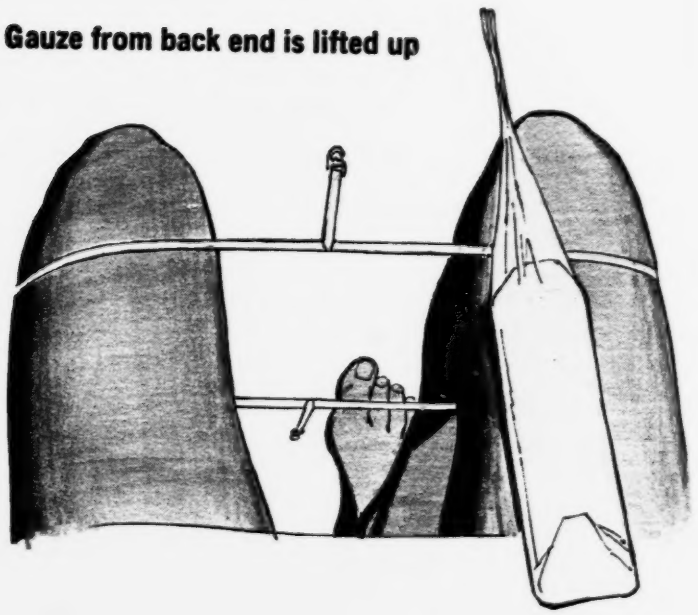
The back or non-absorbable side has a colored stripe or is a solid color. This side goes away from the skin after it is fastened at both ends.

The belt is over your knees with the back fastener on top. Lay the pad on your lap with the plain absorbable side up and the pointed end toward your knees. At this point you do not see the stripe which marks the nonabsorbable side of the pad.

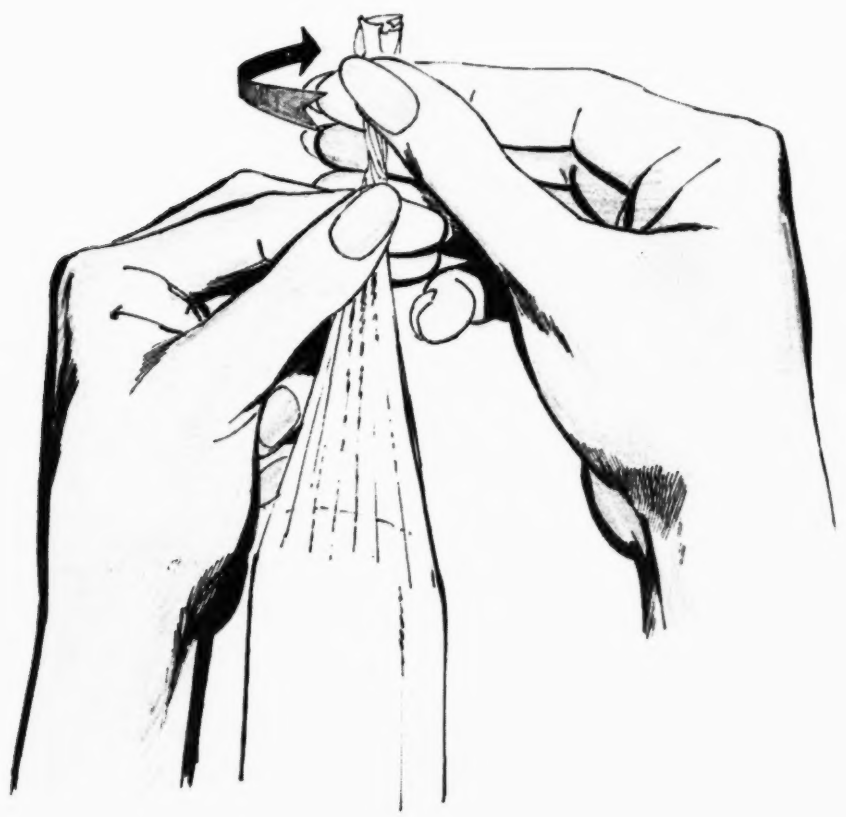
Belt drawn up over the knees and the pad on the lap
Now lift the gauze tab at the back end of the pad.



Gauze from back end is lifted up



Hold the tab near the end with one hand. Twist the last inch of the tab with the other hand. If twisting the tab is difficult, moistening it slightly will help.



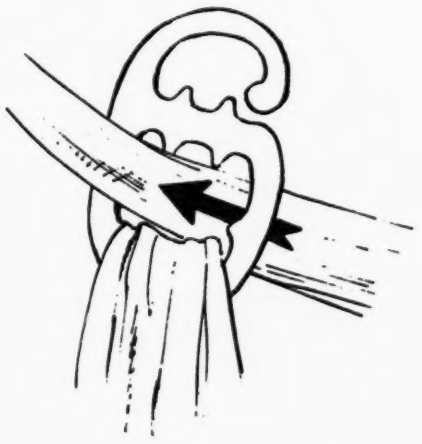
Twisting the tab.

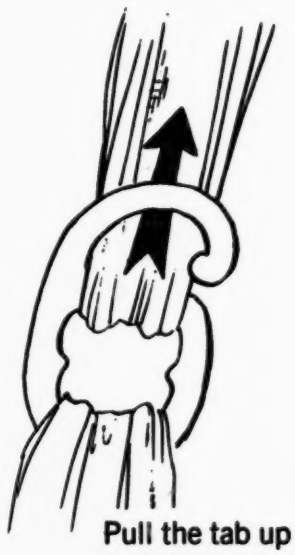
Pick up the tab fastener and push the twisted tab through the large hole, from below the fastener in an upward direction. Pull the tab through the hole until you have as much of the tab as you need to fasten it securely.

Pushing the twisted tab through the hole.

Fastening the tab to the hook

Pushing the twisted tab up through the large hole.



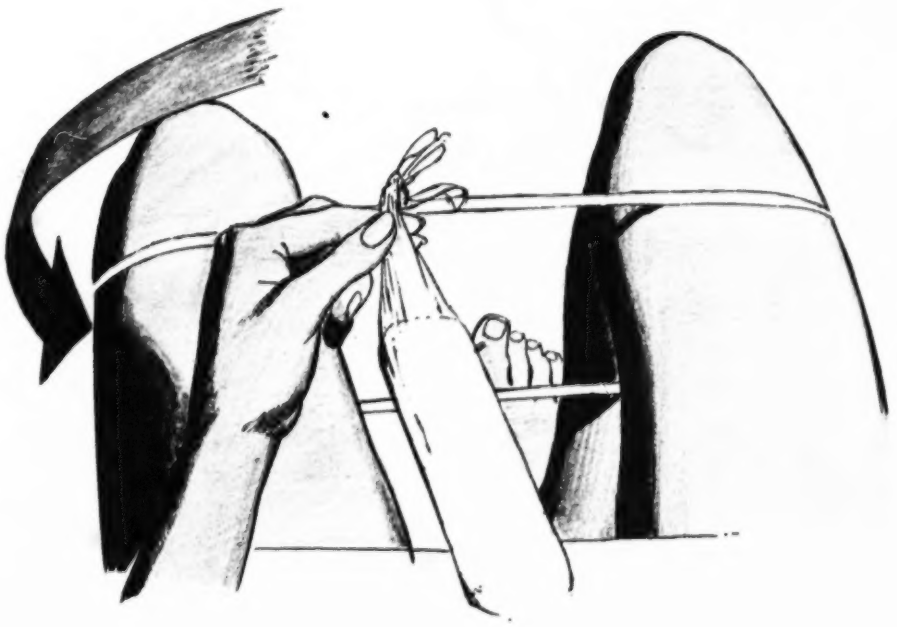


Pull the tab up against the prongs to secure it.

Pull the tab into the open hook and wind around again.

This fastener has the simplest push through and pull up motion.

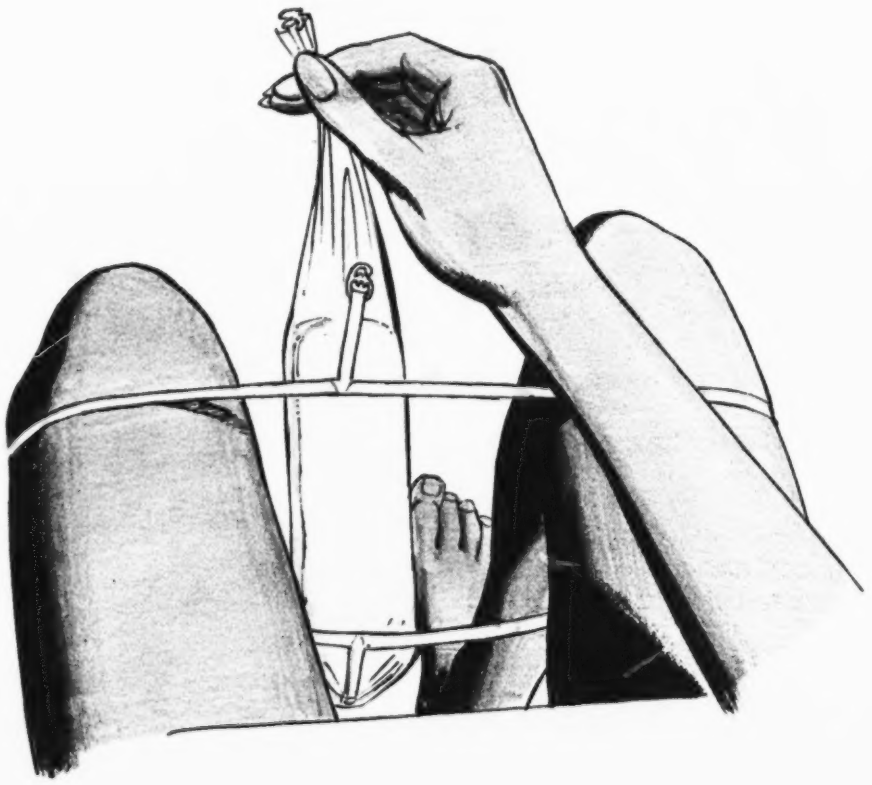
Tab is now secure.



The hooked pad is on your lap with the plain absorbable side facing you.

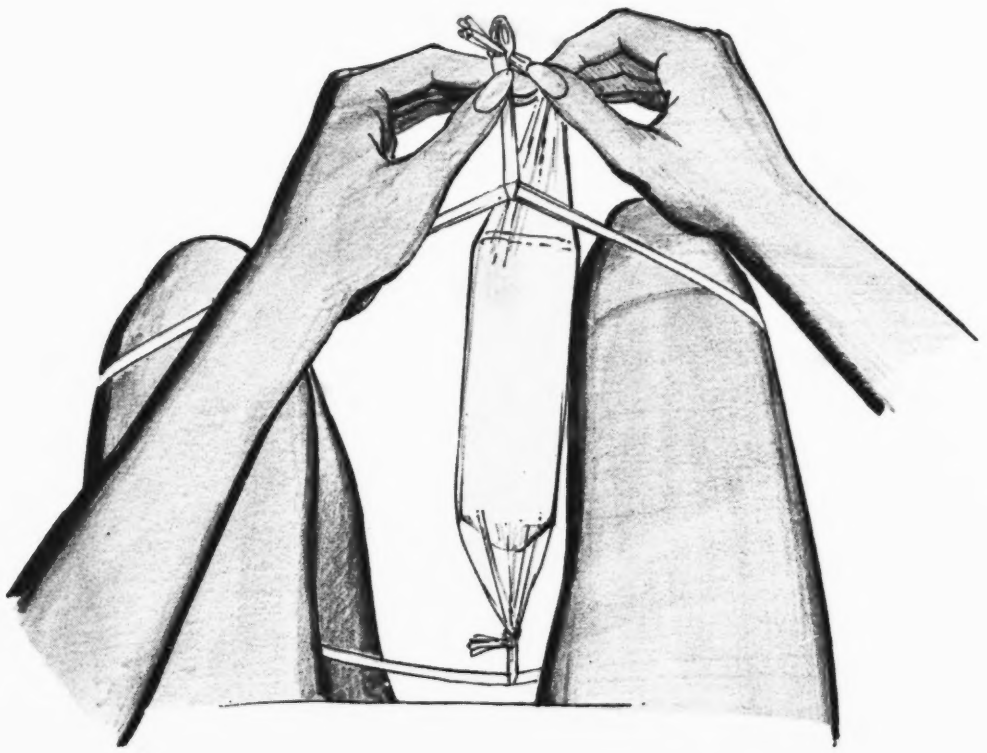
Now, move the pad to the left around and under your knees so that the fastened pad is under your knees and the unhooked fastener is on top.

The back of the pad is hooked and the front hook is on top. Pick up the unfastened tab from under your knees. Lift the end of the tab, ready to twist.



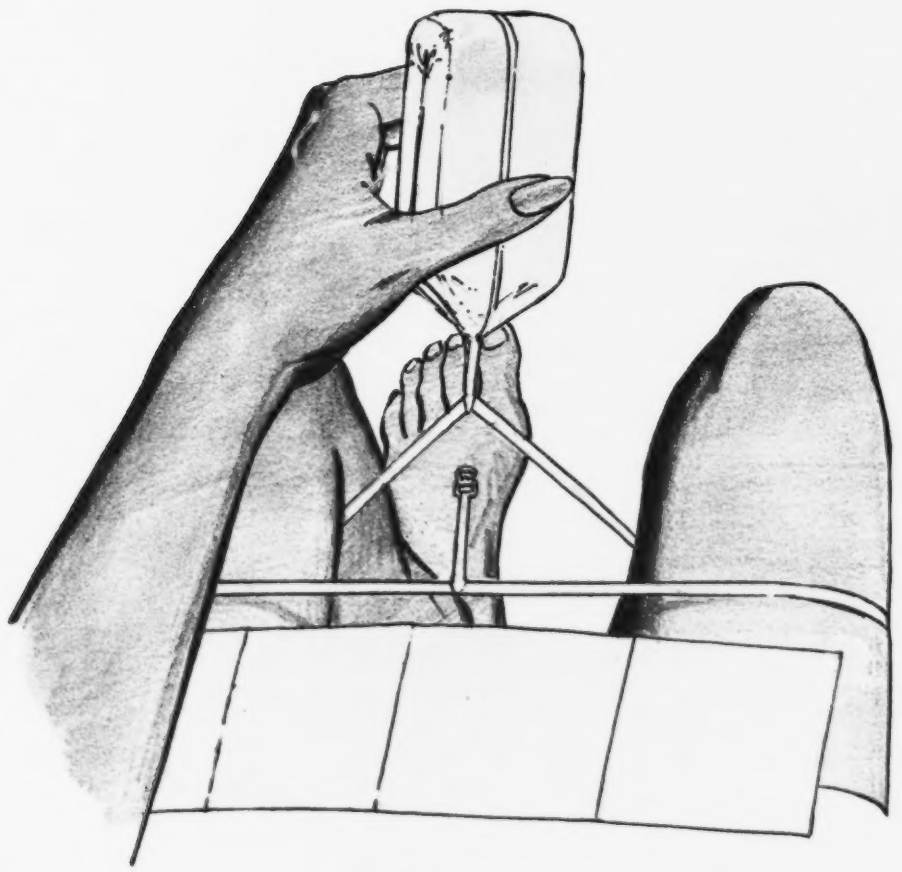
Lifting the unhooked tab
The plain side of the pad is toward you.

Attaching the front side of the pad



Twist the front side of the pad tab. Push it up through the fastener and hook it. Then stand up and pull up the belt so that the fastened pad fits snugly between your legs.

When removing the pad, first tear a length of toilet tissue and put it on your lap. Unfasten the front hook and tab. Fold the pad in half after the front tab is unfastened. The striped side shows on the folded pad. Bring the folded pad, still hooked on one end, up to the top of your lap and unhook the remaining fastened tab.



Removing the pad
Wrap the pad with toilet tissue and throw it in the waste can. Wash your hands.

Demonstrating and practicing

After you have familiarized yourself with the suggested method, have your daughter put on the belt and you face the materials as she does while you show her the movements which are required to attach the pad. After you have demonstrated, have her try to do it. Watch as she does it to see if any part of the attaching presents any difficulty to her; she may not be able to twist the tab, or thread the tab through the hole, or hook it. You may have to repeat the demonstration again and again. It may be helpful if you hold her fingers in yours to show her how to twist the tab, or how to do any part of the task.

If one small part of the whole method is difficult for her, have her practice this part until she is ready to go on to the next part. Practice sessions should be kept short and frequent, about ten minutes daily.

Once attachment has been mastered, practice sessions should include all the behaviors, from washing the hands to disposing of a "soiled" pad and washing the hands again.

Maintaining consistency

It is most important that you maintain consistency, or keep things the same as much as possible. You can do this by having your daughter practice in the bathroom, and by having her use only one kind of pad and one kind of fastener hook. If she learns the movements for one kind of fastener, it will be confusing for her to use another and may even result in her undoing her work. New materials would differ in details which would not appear significant to her. Therefore, she might not make the necessary changes in motions to adapt to the new materials.

Scheduling pad changes

If your daughter is unable to judge when she needs a change of pad, it will be helpful to schedule times of changing for her. The frequency of changes will be determined by the amount of flow and the odor of the discharge. Deodorant powder is available to counteract the odor, and maternity pads, which are larger and thicker, will reduce the frequency of changes. These pads are presently used only by hospitals, so they are available only in case

lots However, you might be able to arrange for smaller purchases with a hospital supply firm. The manufacturers of feminine hygiene supplies are constantly working to develop better products, and you might find a pad of suitable thickness available commercially.

Depending upon the need, you might figure out a schedule for your daughter which is based upon times she washes before meals and before bed time, or which correlates with the times the children are released from class for toileting, or between classes. Your daughter's school will most likely be happy to help you plan an appropriate schedule.

Because your daughter very likely will have to change her protection during the time she is at school it would be helpful for you to see the bathroom where she is going to do this, to be certain that the method she learned at home can be accomplished at school. The location of the waste basket will likely be changed, and sometimes toilet tissue is not a continuous roll. Your daughter may need your help to accommodate to new conditions in the school bathroom.

Your daughter may also need your help to know what to do if menstruation starts at school. She might keep some materials in her locker for this purpose, but it would also be helpful to have her learn how to operate the coin dispenser.

Alternative Methods

Other methods of menstrual grooming are also appropriate. Given this example of breaking down the larger task into its component parts, you may prefer to teach your daughter another method, still using the same principle of structured guidance.

You may wish to have her learn to attach both ends of the pad with the belt on her lap. She would then step into the belt and pull it up as she does her panties. With this method she would have to use the extra motion of standing up to remove the belt whenever she needed a pad change.

Panty garments which have a plastic crotch protection and tabs attached directly to the panties are also available. If you decide to have your daughter use this type of protection, it is advisable to make certain that the fasteners are securely attached. It may be necessary to sew the fasteners in to avoid having them come out during the attaching of the pad tab. Other panties have pockets in the crotch area into which a pad can be easily fitted. Pinning or attaching to a tab is not required with this panty garment.

Another method is simply to pin the pad to a pair of pants. This can be rather costly in lingerie repairs, and for many girls would require the use of fairly large pins.

On The Use of Tampons

The use of tampons can also be taught to your daughter. There are several advantages to this method. With the tampon there is less possibility of odor since the protection is closer to the source of the flow. There are few fine finger motions involved in inserting a tampon. Discarding is simple because the tampon is just flushed away. The tampon can be carried more unobtrusively in your daughter's purse than a pad and belt; if her cycle is irregular she can always be prepared. Tampons are more comfortable to wear, particularly for those girls who find the bulkiness of the pad irritating to the genitals. One disadvantage is that the first insertion may cause some pain if the hymen is not sufficiently dilated.

Several measures will be helpful to reduce discomfort during first use of a tampon:

1. *Don't tell your daughter it won't hurt. Rather, tell her it may hurt, and that the hurt will not be more than she can tolerate because she can take as long as necessary to make the first dilatory insertions.*
2. *The first insertion should immediately follow a warm tub bath, when the muscles will be more relaxed.*
3. *Your daughter should assume one of two positions for insertion, either a half crouch position or standing with one foot raised and resting on the toilet seat.*
4. *A mirror is very useful to help your daughter see where she should insert the tampon. You could help by holding the mirror as she holds her labia or lips apart. She may need your help guiding her hand to the vaginal opening.*
5. *A well lubricated, small size tampon can be partially inserted, with gentle pressure, to dilate the hymen. Dilatation is more comfortable if the tampon used has the shape and size of a little finger and is not encased in a cardboard applicator. Kimberly-Clark Corporation has a kit available which contains instructions and materials for first time use including lubricant and a small tampon. Dilatation is accomplished with a slow, steady pressure toward the small of the back. Several partial insertions may be required. Frequently complete insertion is possible because the opening of the hymen is large enough to accommodate the small tampon.*

Remember, if you decide to teach your daughter how to use tampons, the first step in the routine must be to feel for the removal string. This is essential to avoid forgetting about the previously inserted tampon.

What self-care means for your daughter

For your daughter, as for all girls in puberty, there is some need to feel the independence which approaching adulthood implies, even if this need is somewhat reduced for her. When she has mastered this task, which is the right of young ladies, she can indeed feel proud of this independent behavior, especially if you tell her, "You're a young lady now."

Where Can I Go For Help?

The nurse at your daughter's school or the public health nurse has had experience with teaching menstrual hygiene. Contact your school or the district health office to find out how to have a nurse come to your home.

Frequently, discussions about puberty arise in Parent Teacher Association meetings, and parents learn that they have common concerns and workable solutions.

As mentioned before, your physician can be of great help to you at this time, both to counsel and to prescribe.

Definitions

The following terms are defined in simple words so that you can help your daughter to learn the correct and most acceptable words for sexual organs and functions. Pictures, pointing to the parts on your daughter, and demonstrations like those suggested earlier will provide the more concrete clues she may need to help her understand.

Abortion - ending a pregnancy before the fetus is three months old.

Areola - the circle of darker skin around the nipple of the breast.

Breast bud - the slightly raised areola.

Cervix - the opening of the uterus or womb.

Conception - the joining of sperm and the ovum occurs after intercourse if the ovum is ripe enough for the union.

Contraception - a way of preventing the joining of the sperm and the ovum without preventing intercourse; stopping a baby from forming.

Fertility - the ability to produce babies.

Fertilization - the same as conception; the union which is the very beginning of a baby.

Genital - the sex organs.

Heterosexual - involving both sexes, boys and girls.

Intercourse - the act of mating; the movement of the penis in the vagina which causes the male to squirt sperm in a small amount of liquid into the vagina.

Labia - the lips or pads of fat at the opening of the vagina.

Leukorrhea - a whitish, sticky vaginal discharge.

Mammary tissue - breast tissue.

Masturbation - handling one's own genitals to produce sexual feelings.

Menstrual flow - the ova and the lining of the uterus which was not needed to feed a baby because conception did not take place.

Menstruation -the monthly flow of the unneeded nourishment and egg.

Ovum - the female part of a beginning baby; the female egg.

Ovulation - the monthly discharge of the egg from the ovary to the tube inside the mother where fertilization can occur.

Penis - the male organ of sexual intercourse through which the male also urinates.

Perineum - the area between the top of the legs where the genital organs are.

Puberty - the end of childhood and the beginning of womanhood and fertility.

Pubic hair - the hair below the abdomen and between the legs.

Reproductive organs - the body parts which form a baby.

Reproduce - to make babies.

Sperm - the male seed which is in the liquid which is squirted by the man during intercourse.

Uterus - the womb or hollow organ in which the baby develops before it is born.

Vagina - the hollow tube between the labia and the uterus.

Vulva - the outside sex organs.